Henry County Humane Society: Kewanee Chapter

**Volunteer application**

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| --- | --- |
| Name: | Date of birth: |
| Address: |
| Home Ph #: |  Cell #:  | Email: |
| Employer / School & grade:  |
| Emergency Contact Name:  |
| Home Ph #  | Work Ph #:  | Cell #:  |
| Availability: What times and days would you be able to volunteer?  |
|  | 8am – 11am  | 3:30pm – 5:30pm | Flexible – give an indication: |
| Weekdays  | Weekends  |
| Do you wish to volunteer weekly, monthly, or on an occasional basis?  |
| Do you have access to reliable transportation?  |
| Do you have any health or physical limitations that might affect your ability to perform certain duties as a volunteer?   |
| Which do you prefer to work with:  | Cats | Dogs |  Both cats & dogs |
| How did you hear about volunteering?  |
| **Please tell us about your skills and interests:**  Educational background: Current occupation: Hobbies, interests, skills:  |
| Previous volunteer experience: |
| Do you have any experience caring for animals or working with a humane group?  |
| Why are you interested in working for the Kewanee Animal Shelter?  |
| Are you required to volunteer?  | Yes  | No |
| If yes, for what?  | School | Community service | Other |
| Number of hours you are required to volunteer:  |
| The HCHS reserves the right to conduct a background check on any volunteer. Permission to conduct background check:  | Yes (tick box)  |

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| Please provide the names & phone numbers of 2 personal references: Name: Phone #:   |
| Name: Phone #:  |
| Any comments you’d like to share with us?  |
| **Volunteer opportunities:** Thanks for your interest in helping! In order to help us find the best job for you, we suggest that you select the opportunities that interest you from this list. Training will be provided. (Tick the boxes) |
| Hands-on work with animals at Kewanee Animal Shelter  |  |
| Walking dogs (you must be at least 16 years old) |  |
| Yard work: Weed-eating once a week during the growing season. (We provide the tools) |  |
| Publicity and grant writing  |  |
| Website scheduling coordinator: Online scheduling of volunteers for events and fundraisers |  |
| Fundraising: Working at fundraising events |  |
| Special events coordinator to organize monthly fundraising events |  |
| Transporting cats and/or dogs, usually to fundraising events  |  |
| Distribution: putting up posters for animal adoptions and special events |  |
| Administrative work: such as phone work, filing, mailing & general paper work |  |
| Visiting nursing homes with animals |  |
| Specialized animal care in emergencies and / or care for sick or injured animals |  |
| Fostering cats/kittens/dogs in an emergency. Please complete the additional application form |  |
| **Disclaimer:** I understand that by volunteering for the Humane Society that I am helping to care for the Shelter’s homeless animals and in doing so, I understand that I am responsible for my actions and that I will not hold the Humane Society or Animal Shelter responsible for any accidents or incidents that may occur with any animals, or that may occur in or on the Shelter’s premises while I am a volunteer. Signature of applicant:  Signature of parent or legal guardian if applicant is under 18 years old: Date signed:  |
| **For office use: Initial when completed:** |
| **Volunteer**  | **Responsibility** | **HCHS Staff** |
|  | Volunteer manual  |  |
|  | HCHS Policy Manual  |  |



**PARENTAL CONSENT AND RELEASE FORM**

**FOR VOLUNTEERS UNDER THE AGE OF 18:**

I/We, the parent(s) or legal guardian(s) of

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 *(Print name)*

a minor child, do hereby consent to said child’s participation and presence at the Kewanee Animal Shelter, operated by the Henry County Humane Society–Kewanee Chapter and to his / her performing functions involving the care of animals housed at the Shelter.

Participation in other fundraising events or organized activities sponsored by the HCHS–Kewanee Chapter may be held at off-site locations; I / we, the parent(s) or legal guardian(s), do hereby consent to said child’s presence and participation at these functions and events as well.

*The Henry County Humane Society–Kewanee Chapter makes every effort to ensure the safety of our volunteers. However, accidents requiring medical attention can occur. The HCHS–Kewanee Chapter carries liability insurance and it is secondary to any insurance that our volunteers have.*

By signing this form, I understand that this child, by volunteering for the HCHS–Kewanee Chapter is helping to care for the Kewanee Animal Shelter’s homeless animals and in doing so, I understand that this child is responsible for his / her actions and that I will not hold the HCHS–Kewanee Chapter responsible for any accidents or incidents that may occur with any animals, or that may occur in or on the Shelter’s premises while this child is a volunteer, or any accidents or incidents that may occur during this child’s voluntary participation at any HCHS–Kewanee Chapter events and fundraisers elsewhere.

By signing this form, I acknowledge and accept that working with animals is at my and this child’s own risk, and that any injuries sustained will not be covered by Workman’s Compensation. I also acknowledge and accept that insurance coverage under the accident insurance policy of the HCHS–Kewanee Chapter is secondary to this child’s own health insurance.

The undersigned parent(s) or legal guardian(s) agree(s) to be personally responsible and liable for any and all injury, harm, or any other incident that may occur to the child during volunteer work, on HCHS–Kewanee Chapter premises or elsewhere. This Consent and Release shall be effective upon my / our signature and continue until my / our written cancellation thereof.

DATE SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PRINT PARENT’S/GUARDIAN’S NAME PRINT PARENT’S/GUARDIAN’S NAME

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SIGNATURE OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN

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TELEPHONE NUMBER(S) TELEPHONE NUMBER(S)